Attachment A

Application Cover Sheet

Name of Respondent: **Accenture LLP**			
Mailing Address: **888 Boylston Street**	City/Town: **Boston**	State: **MA**	Zip Code: **02199**
Telephone: **781.962.9525**	Fax	Web Address: www.accenture.com	
Primary Contact for Clarification: **Justin Sterritt**		Primary Contact E-mail Address **Justin.sterritt@accenture.com**	
Authorized Signatory: **Timothy P. Rogers**		Authorized Signatory E-mail Address: **timothy.p.rogers@accenture.com**	
Legal Status/Jurisdiction: **Illinois Limited Liability Partnership**		Respondents W-9 **(W9 attached)** Respondents UEI No.: **JQQ1BUVQQ845**	

Attachment B

Massachusetts Technology Collaborative
Authorized Respondent's Signature and Acceptance Form

The undersigned is a duly authorized representative of the Respondent listed below. The Respondent has read and understands the RFP requirements. The Respondent acknowledges that all of the terms and conditions of the RFP are mandatory, and that Respondent's response is compliant with such requirements.

The Respondent understands that, if selected by the Mass Tech Collaborative, the Respondent and the Mass Tech Collaborative will execute an Agreement specifying the mutual requirements of participation.

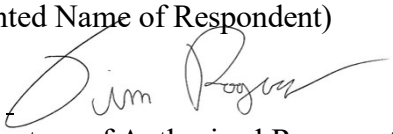
Respondent agrees that the entire bid response will remain valid for sixty (60) days from receipt by the Mass Tech Collaborative.

I certify that Respondent is in compliance with all corporate filing requirements and State tax laws.

I certify that the statements made in this response to the RFP, including all attachments and exhibits, are true and correct to the best of my knowledge.

I acknowledge and understand the procedures for handling confidential materials submitted to the Mass Tech Collaborative as set forth in Section 3.1(d); I agree to be bound by those procedures and agree that the Mass Tech Collaborative shall not be liable under any circumstances for the disclosure of any materials submitted to the Mass Tech Collaborative pursuant to this RFP or upon the Respondent's selection.

Respondent: **Justin Sterritt**
(Printed Name of Respondent)

By: 
(Signature of Authorized Representative)

Name: Timothy P. Rogers
Title: Managing Director
Date: October 7, 2025

Massachusetts Technology Collaborative

Grant Agreement
Standard Budget and Invoice Template
Invoiced Costs

Line Number	Budgeting / Applicant Information															
2																
3	Applicant: Accenture LLP			Procurement No.:RFP No. 2026-JAII-01												
4	Budget Period: 12/3/2025 - 05/31/2026			Title of Proposed Project:												
5	Address: 888 Boylston St. 12			AI Hub Data Commons Collaborative Consulting Services												
6	Boston, MA 02199															
7																
8				MTC Funding Requested:	$7,911,736											
9				Total Project Cost:	$7,911,736											
10	Cost Elements			Total Project	Invoice 1		Invoice 2		Invoice 3		Invoice 4		Cumulative			
11					Period: MM/DD/YYYY-MM/DD/YYYY		Period: MM/DD/YYYY-MM/DD/YYYY		Period: MM/DD/YYYY-MM/DD/YYYY		Period: MM/DD/YYYY-MM/DD/YYYY		Period: MM/DD/YYYY-MM/DD/YYYY			
12						Amount		Amount		Amount		Amount	Expended		Remaining	
13	I. Direct Labor															
14	*name/title*	*HRS*	*Rate*		*HRS*		*HRS*		*HRS*		*HRS*					
15	Ted Kwartler, Project Executive			$0		$ -		$ -		$ -		$ -	$ -		$ -	
16	Carmen Brown, Deliver Lead			$0		$ -		$ -		$ -		$ -	$ -		$ -	
17	Denard Mondesir, Data Governance Lead			$0		$ -		$ -		$ -		$ -	$ -		$ -	
18	Mimi Whitehouse, Responsible AI Lead			$0		$ -		$ -		$ -		$ -	$ -		$ -	
19	Saugata Mandal, Platform Lead			$0		$ -		$ -		$ -		$ -	$ -		$ -	
22	Lead/ Project Advisors			$0		$ -		$ -		$ -		$ -	$ -		$ -	
25				$0		$ -		$ -		$ -		$ -	$ -		$ -	
26	Total Direct Labor			$0	0	$ -	0	$ -	0	$ -	0	$ -	$ -		$ -	
27																
28	II. Direct Labor Fringe Cost	Rate (%):		$0		$ -		$ -		$ -		$ -	$ -		$ -	
29																
30	II. Subcontractors/Consultants/Contracted Staffing															
31	*Firm name/title or role/type of services to be provided*	*HRS*	*Rate*		*HRS*		*HRS*		*HRS*		*HRS*					
32				$0		$ -		$ -		$ -		$ -	$ -		$ -	
33				$0		$ -		$ -		$ -		$ -	$ -		$ -	
34				$0		$ -		$ -		$ -		$ -	$ -		$ -	
35				$0		$ -		$ -		$ -		$ -	$ -		$ -	
36				$0	5	$ -		$ -		$ -		$ -	$ -		$ -	
37				$0		$ -		$ -		$ -		$ -	$ -		$ -	
38	Total Subcontractors/Consultants			$0	5	$ -	0	$ -	0	$ -	0	$ -	$ -		$ -	
39																
40	III. Direct Materials (provide description and costs basis)															
41	Curriculum Development & Training			$0									$0		$0	
42				$0									$0		$0	
43				$0									$0		$0	
44				$0									$0		$0	
45				$0									$0		$0	
46				$0									$0		$0	
47				$0									$0		$0	
48	Total Direct Materials			$0		$0		$0		$0		$0	$0		$0	
49																
50	IV. Travel			$0									$0		$0	
51																
52	V. Other Direct Costs *(list type and description such as venue rental costs and cost basis)*															
53				$0									$ -		$ -	
54				$0									$ -		$ -	
55				$0									$ -		$ -	
56				$0									$ -		$ -	
57				$0									$ -		$ -	
58	Total Other Direct Costs			$0		$ -		$ -		$ -		$ -	$ -		$ -	
59																
60	VI. General & Administrative Expense/Overhead	Rate (%):		$0		$ -		$0		$0		$0	$ -		$0	
61																
62	**Total PROJECT COSTS**			**$7,911,736**		**$0**		**$0**		**$0**		**$0**	**$0**		**$0**	

LEGEND:

Formula cell
Data entry cell

This section is for post-contract invoicing only. Do not complete with proposal.